

2024 DEFERRAL ELECTION FORM - ROTH

IMPORTANT: This Deferral Election Form must be signed and returned to your Plan Administrator. Please see the Summary Plan Description for further information on the eligibility requirements for making elective deferrals.

PARTICIPANT INFORMATION

Form with fields for Last Name, First Name, MI, Address - Number and Street, City, State, Zip, Date of Hire, Work Phone, and Home Phone.

PARTICIPANT ELECTIONS

The Election is effective for the first pay period beginning on or after ___/___/___.

Elective Deferral Amount. You may elect to make two types of contributions under the Plan: (i) pre-tax elective deferral contributions, and (ii) Roth elective deferral contributions.

- Checkboxes for: I do not wish to have deferrals withheld... I wish to have deferrals withheld... Pre-Tax Elective Deferral Contributions... Roth Elective Deferral Contributions...

PLEASE NOTE: The combined amount entered for pre-tax elective deferral contributions and Roth elective deferral contributions may not be more than 100% of your compensation or the IRS deferral limit.

STATEMENT OF UNDERSTANDING

Please read and check off all boxes below:

- Checkboxes for: I have completed, understood, and agree to the terms... I understand that I may elect to start, increase or reduce my elections... I understand that I must give the Plan Administrator sufficient time... I understand that the election indicated on this Deferral Election Form will continue... I understand that this agreement supersedes and nullifies any prior Deferral Election Form...

Dated this ___ day of ___, 20___.

Signature of Participant

Print Name of Participant

PLAN INVESTMENT INFORMATION

If you have not made an investment election your funds will be invested as directed by the Plan Administrator. You can change your investment election by returning an investment election form to the plan administrator.